

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME:

Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: <u>Flare</u>
<input checked="" type="checkbox"/>	Monitoring/Recording Equipment - describe: <u>Chart Recorder</u>
Comments: <u>Blower & Auto valve froze in sub zero temps.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	1.6.14/0206		58.5		/	
<input checked="" type="checkbox"/> Startup		1.8.14/1236	0.1		/	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5 a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8 a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: _____

WM01789

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME:

Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: <u>Flare</u>
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Ran out of Nitrogen</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>1.17.14/1526</u>		<u>1.9</u>		<u>/</u>	
<input checked="" type="checkbox"/> Startup		<u>1.17.14/1720</u>	<u>0.1</u>		<u>/</u>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5 a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8 a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: _____

WM01790

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME:

Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: <u>Flare</u>
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Weather - Auto-Restart</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	3.12.14/1414		0.2		/	
<input checked="" type="checkbox"/> Startup		3.12.14/1428	0.1		/	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5 a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8 a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: _____

WM01791

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME:

Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: <u>Flare</u>
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Weather - Auto restart</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	5.22.14/1054		0.4		/	
<input checked="" type="checkbox"/> Startup		5.22.14/1120	0.1		/	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5. a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8. a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: 

WM01792

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME:

Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: <u>Flare</u>
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Utility Power Loss.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>5.26.14 / 1620</u>		<u>1.6</u>		<u>/</u>	
<input checked="" type="checkbox"/> Startup		<u>5.26.14 / 1754</u>	<u>0.1</u>		<u>/</u>	
<input type="checkbox"/> Malfunction						

Complete Section 3 Below

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
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13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

WM01793

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME:

Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: <u>Flare</u>
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Contractor Performing Electrical work.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>6.18.14/1040</u>		<u>1.1</u>		<u>/</u>	
<input checked="" type="checkbox"/> Startup		<u>6.18.14/1146</u>	<u>0.1</u>		<u>/</u>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
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Signature

[Signature]

WM01794